

EXHIBIT 32

U.S. Department of Justice
Bureau of Alcohol, Tobacco, Firearms and Explosives

CBAR No. 11-001-0001

Firearms Transaction Record

WARNING: You may not receive a firearm if prohibited by Federal or State law. The information you provide will be used to determine whether you are prohibited from receiving a firearm. Certain violations of the Gun Control Act, 18 U.S.C. 921 et. seq., are punishable by up to 10 years imprisonment and/or up to a \$250,000 fine.

Transferor's/Seller's
Transaction Serial
Number (if any)

Read the Notices, Instructions, and Definitions on this form. Prepare in original only at the licensed premises ("licensed premises" includes business temporarily conducted from a qualifying gun show or event in the same State in which the licensed premises is located) unless the transaction qualifies under 18 U.S.C. 922(a). All entries must be handwritten in ink. "PLEASE PRINT."

Section A - Must Be Completed Personally By Transferor/Buyer

1. Transferor's/Buyer's Full Name (If legal name contains an initial only, record "I" after the initial. If no middle initial or name, record "NMN".)

Last Name (including suffix, if e.g., Jr., Sr., II, III)

First Name

Middle Name

Hession

Christopher

Paul

2. Current State of Residence and Address (U.S. Postal abbreviations are acceptable. Cannot be a post office box.)

State

City

County

ZIP Code

[REDACTED]

Portsmouth
New Port News

Warrick

VA 23601

3. Place of Birth

U.S. City and State

-OR-

Foreign Country

[REDACTED]

4. Height

5. Weight

6. Sex

7. Birth Date

☒ Male☐ Female

8. Social Security Number (Optional, but will help prevent misidentification)

9. Unique Personal Identification Number (UPIN) if applicable (See Instructions for Question 9.)

10.a. Ethnicity

10.b. Race (In addition to ethnicity, select one or more race in 10.b. Both 10.a. and 10.b. must be answered.)

☐ Hispanic or Latino☐ American Indian or Alaska Native☐ Black or African American☒ White☒ Not Hispanic or Latino☐ Asian☐ Native Hawaiian or Other Pacific Islander

11. Answer the following questions by checking or marking "yes" or "no" in the boxes to the right of the questions.

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| a. Are you the actual transferor/buyer of the firearm(s) listed on this form? Warning: You are not the actual transferor/buyer if you are acquiring the firearm(s) on behalf of another person. If you are not the actual transferor/buyer, the licensee cannot transfer the firearm(s) to you. <i>Exception:</i> If you are picking up a repaired firearm(s) for another person, you are not required to answer 11.a. and may proceed to question 11.b. (See Instructions for Question 11.a.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Are you under indictment or information in any court for a felony, or any other crime for which the judge could imprison you for more than one year? (See Instructions for Question 11.b.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Have you ever been convicted in any court of a felony, or any other crime for which the judge could have imprisoned you for more than one year, even if you received a shorter sentence including probation? (See Instructions for Question 11.c.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Are you a fugitive from justice? (See Instructions for Question 11.d.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Are you an unlawful user of, or addicted to, marijuana or any depressant, stimulant, narcotic drug, or any other controlled substance? Warning: The use or possession of marijuana remains unlawful under Federal law regardless of whether it has been legalized or decriminalized for medicinal or recreational purposes in the state where you reside. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Have you ever been adjudicated as a mental defective OR have you ever been committed to a mental institution? (See Instructions for Question 11.f.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Have you been discharged from the Armed Forces under dishonorable conditions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Are you subject to a court order restraining you from harassing, stalking, or threatening your child or an intimate partner or child of such partner? (See Instructions for Question 11.h.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Have you ever been convicted in any court of a misdemeanor crime of domestic violence? (See Instructions for Question 11.i.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

12.a. Country of Citizenship: (Check one more than one, if applicable. Nationals of the United States may check U.S.A.)

☒ United States of America (U.S.A.) ☐ Other Country/Countries (Specify):

12.b. Have you ever renounced your United States citizenship?

12.c. Are you an alien **illegally** or **unlawfully** in the United States?

12.d.1. Are you an alien who has been admitted to the United States under a nonimmigrant visa? (See Instructions for Question 12.d.)

12.d.2. If "yes", do you fall within any of the exceptions stated in the instructions?

☒ N/A

13. If you are an alien, record your U.S.-issued Alien or Admission number (ARR, USCIS#, or I#4#).

Previous Editions Are Obsolete

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STAPLE IF PAGES BECOME SEPARATED

ATF Form 4473 (2/2019)
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